

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name		<div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">SEP 06 2011</div>		b. ID Number	
DONNA FOR SCHOOL BOARD					
b. Mailing Address (include City, State and Zip Code)		d. Date Organized		e. Phone Number	
P. O BOX 98268 RALEIGH NORTH CAROLINA 27624		WAKE CO BOARD OF ELECTIONS 8/5/2011		919 817 8411	
2. Candidate Information					
<input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
DONNA WILLIAMS				NON-PARTISAN <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
1100 WATERMARK COURT RALEIGH, NC 27609		WAKE COUNTY SCHOOL BOARD DISTRICT 6			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
919 817 8411	DONNA @ DONNA FOR SCHOOL BOARD.COM				
<input type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
JO ANN WOODALL					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
p. O BOX 98268 RALEIGH NORTH CAROLINA 27624					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
919 817 8411	JoAnn@Donnafor School Board.com				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information		6. Account Information <small>(incl. CRO-3500)</small>			
				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name		a. Financial Institution Full Name	
		First Citizen Bank			
b. Mailing Address (include City, State, and Zip Code)		b. Purpose			
		Campaign			
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		01	Checking		
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.					
<u>Jo Ann Woodall</u> Printed Name of Signer		 Signature of Appointed Treasurer		<u>8-11-11</u> Date	